PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10/064036

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1) (Colu			ımn 2)	TYPE			OR		
			<u> </u>					RATE	FEE	1	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	385	OR	BASIC FEE	3770
TOTAL CHARGEABLE CLAIMS			minus 20= *					X\$Q =	Ì	OR	X\$ 8 =	
INDEPENDENT CLAIMS			minus 3 = *					X43=		OR	×8b=	
MULTIPLE DEPENDENT CLAIM PR			REȘENT				}	+ 45=		OR	+290=	
* (1	the difference	e in column 1 is	less than zero, enter "0" in column 2				ı	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										1	OTHER	THAN
		(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	•
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus	* 2	0			X\$ Q =		OR	X\$(8=	
	Independent	* 2 ENTATION OF M	Minus	*** 3	CLABA	-		X43=	·	OR	×26-	
-		ENTANGIN OF W	SETT LE DET LINDLING OLAM				1	+ 45:=		OR	₩0=	
			•			• .	Δ.	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
,		(Column 1)	<u>.</u>	(Colum		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		x49=		OR	×\$/8=	
M	Independent	*	Minus	***		=	 	X43=		OR	×86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		1 -					
		* · · · · · · · · · · · · · · · · · · ·				•	L	+145=		OR	+390=	
		,					Α	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT: FEE	
		(Column 1)		(Colum		(Column 3)	i			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDV	Total	*	Minus	**		=	\prod	x\$9=	_	OR	X\$ 8:=	
AME	Independent	*	Minus	***		=		x43=		OR	×86	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Ì		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+ 145=		OR	+390=	
**	the "Highest Nur	mber Previously Pa mber Previously Pa	id For" IN THIS	S SPACE is	less than	i 20, enter "20."	., A(TOTAL ODIT. FEE		OR ,	TOTAL ADDIT, FEE	
		ber Previously Paid					r foun	d in the app	ropriate box	in coli	umn 1.	